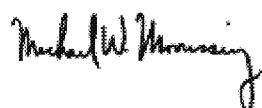


| | | | |
|--|---|---|---|
| <input type="checkbox"/> SUMMONS FOR WITNESS | DOCKET NUMBER [REDACTED] | Trial Court of Massachusetts District Court Department | |
| SESSION: <input type="checkbox"/> CRIMINAL JURY TRIAL | NAME AND ADDRESS OF COURT DIVISION | | YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN |
| NAME, ADDRESS AND ZIP CODE OF DEFENDANT | Quincy District Court 1 Dennis Ryan Parkway Quincy, MA 02169 Presiding Justice: Hon. Mark S. Coven | | |
| Commonwealth vs. [REDACTED] | DATE AND TIME OF APPEARANCE 09/13/2011 at 8:45 AM | | |
| NAME, ADDRESS AND ZIP CODE OF WITNESS | OFFENSE(S) | | |
| Annie Dookhan Department of Public Health 305 South Street Jamaica Plain, MA 02130 | 1. OAS for OUI 2. Drug Possession Class B. Subsequent 3. Operate w/o Ignition Interlock 4. Refuse to Produce License 5. Open Container of Alcohol in MV | | |
| TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure. | | | |
| To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: Please contact victim/witness advocate Jennifer Flaherty at 617-769-6100 x155 to confirm your appearance. | | | |
| WITNESS: |  Michael W. Morrissey, District Attorney | | DATE OF ISSUE |
| | | | February 1, 2017 |
| RETURN OF SERVICE | | | |
| I hereby certify that I served the within summons upon the above named Defendant Witness by | | | |
| <input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service | | | |
| DATE RECEIVED _____ | | | |
| because: _____ | | | |
| DATE OF SERVICE | SIGNATURE OF PERSON MAKING SERVICE | TITLE OF PERSON MAKING SERVICE | |
| | | | |

